**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

COMERNOWLING 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256

NOVEMBER 10, 2022

RAINBOW VILLAGE II, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146

RAINBOW VILLAGE II, INC .:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

COMERNOWLING

### TAX RETURN FILING INSTRUCTIONS

#### FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	RAINBOW VILLAGE II, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146
Prepared by	CNA TAX PROFESSIONALS, INC. 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

Form 8879-TE		I	IRS e-file Sig	gnature Auth ax Exempt Ei	norization	F	OMB No. 1545-0047
Form <b>O</b>	0/9-12					20	0004
		For calendar year 202		, 2021, and o the IRS. Keep for yo		, 20	2021
	nt of the Treasury evenue Service			Form8879TE for the la			
Name of			de le minieigen.			EIN or SSN	
	RAINBC	W VILLAGE	II, INC.			43-14	47836
Name a	nd title of officer or pe		MARK YAEGE	R		-	
	·	,	PRESIDENT				
Part	I Type of	Return and Re	turn Information				
Form 5 or <b>10a</b> whiche	330 filers may ente below, and the am	er dollars and cents ount on that line for	. For all other forms, er r the return being filed	with this form was blar	If you check the box on the leave line <b>1b, 2</b>	n line 1a, 2a, 3 b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a,
1a		nere ► X	b Total revenue if	any (Form 990 Part V	III. column (A) line 12)		1b <u>142,153</u> .
2a	Form 990-EZ che		b Total revenue, if	any (Form 990, Fait vi			2b
3a	Form 1120-POL	···· .					3b
4a	Form 990-PF che			vestment income (For			4b
5a	Form 8868 check						5b
6a	Form 990-T chec		b Total tax (Form 9	990-T. Part III. line 4)			6b
7a	Form 4720 check		b Total tax (Form 4	4720. Part III. line 1)			7b
8a	Form 5227 check			it end of tax year (Forn			3b
9a	Form 5330 check		b Tax due (Form 5	•			9b
	Form 8038-CP ct		· ·	it payment requested	(Form 8038-CP, Part II		10b
Part			ture Authorizatio	n of Officer or Pe	rson Subject to 1	ax	
Under	penalties of perjury	, I declare that X	I am an officer of the	above entity or I	am a person subject to	tax with respe	ect to (name
of entit							examined a copy of the
entry to financia later th payme	o the financial instit al institution to deb an 2 business days nt of taxes to recei	ution account indic it the entry to this a s prior to the payme ve confidential info	cated in the tax prepara account. To revoke a p ent (settlement) date. I rmation necessary to a	signated Financial Age ation software for paym ayment, I must contaci also authorize the finai nswer inquiries and res nic return and, if applic	nent of the federal taxe t the U.S. Treasury Financial institutions involve solve issues related to	s owed on this ancial Agent at ed in the proce the payment. I	return, and the 1-888-353-4537 no ssing of the electronic have selected a
	neck one box only						
2	I authorize CN	A TAX PRO	FESSIONALS,			to enter my PI	
			ERO fir	m name			Enter five numbers, but do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to t indicated within thi	charities as part of the screen. ax with respect to the s return that a copy of	eturn. If I have indicate IRS Fed/State program entity, I will enter my P the return is being filed s disclosure consent so	n, I also authorize the a IN as my signature on d with a state agency(ie	aforementionec the tax year 20	ERO to enter my PIN 21 electronically filed
Signature	of officer or person subje		,			Date	
Part		ation and Auth	entication			Duto	<u>-</u>
ERO's	EFIN/PIN. Enter yo	our six-digit electror	nic filing identification				
	-	y your five-digit self	-	E	3547380860 Do not enter all zero		
submit				ure on the 2021 electro <b>4163,</b> Modernized e-Fil			
ERO's s	ignature 🕨 CNA	TAX PROF	ESSIONALS,	INC.	Date ▶ _ 11	/10/22	
				This Form - See		_	
		Do Not S	ubmit This Form	to the IRS Unless	Requested To D	o So	
LHA F	or Privacy act and	d Paperwork Redu	ction Act Notice, see	instructions.			Form 8879-TE (2021)

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo -	a conarato	application	for oach	roturn
	a sevai ale	application	IUI Eacli	i etui ii.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see inst		Taxpayer identification number			
print	RAINBOW VILLAGE II, INC.					47836
File by the due date filing your	Number, street, and room or suite no. If a P.O. box,	, see instruc	tions.			
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63146						
Enter th	ne Return Code for the return that this application is for	(file a separa	te application for each return)			01
Applica	ation	Return	Application			Return
Is For			Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
1 I ti	request an automatic 6-month extension of time until ne organization named above. The extension is for the o	and atta NOVEI rganization's	ch a list with the names and TINs o MBER 15, 2022 , to file s return for: d ending	f all memb	ers the exte	nsion is for.
3a If	Change in accounting period this application is for Forms 990-PF, 990-T, 4720, or 600	69, enter the	e tentative tax, less			
	ny nonrefundable credits. See instructions.	,		3a	\$	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 60	69, enter an	y refundable credits and			
е	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your					
u	sing EFTPS (Electronic Federal Tax Payment System). S	See instructio	ons.	3c	\$	0.
Cautio instruct	<b>n:</b> If you are going to make an electronic funds withdraw tions.	/al (direct de	bit) with this Form 8868, see Form 8	3453-TE ar	nd Form 887	9-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury

#### EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information



-		e 2021 calendar year, or tax year beginning and	l ending		
	Check if applicab		<u> </u>	D Employer identifica	tion number
, 	Addre				
	]chang	P ATNOV VILLAGE II, INC.			<i>c</i>
	Name chang	8		43-144783	6
	Initial return Final		Room/suite	E Telephone number	1 5 9 9
	return_ termir			(314) 567	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	142,153.
-	return Applie tion	51: 10015, MO 05140		H(a) Is this a group retu	
	tiòn pendi	<sup>ra-</sup> F Name and address of principal officer:MARK YAEGER		for subordinates?	
<u> </u>		empt status: $X 501(c)(3) = 501(c)() \ (insert no.) \ 4947(a)(1)$	or 527	H(b) Are all subordinates inclu If "No," attach a lis	
		te: $\triangleright$ NA		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Year	of formation: 1991 M	
		Summary	<b>_</b> / 04.		state et tegat definiente.
-	1	Briefly describe the organization's mission or most significant activities:	INCOME	HOUSING FOR	THE
Governance		DISABLED ELDERLY.			
srna	2	Check this box      if the organization discontinued its operations or dispo	osed of more	than 25% of its net asse	ets.
0 Vē	3	Number of voting members of the governing body (Part VI, line 1a)			3
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			(1)
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			C
Activities &		Total number of volunteers (estimate if necessary)			C
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	······	83,750.	84,569.
Revenue	9	Program service revenue (Part VIII, line 2g)		71,738.	57,501. 83.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		155,578.	142,153.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		77,673.	63,186.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber		Total fundraising expenses (Part IX, column (D), line 25)	0.	-	-
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,402.	144,086.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		229,075.	207,272.
		Revenue less expenses. Subtract line 18 from line 12		-73,497.	-65,119.
or				ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		658,901.	702,057.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		543,336.	651,612.
		Net assets or fund balances. Subtract line 21 from line 20		115,565.	50,445.
Pa	art II				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Cian	Signature of officer			Date
Sign Here	MARK YAEGER, PRESIDENT	1		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	SHAWN D. DREIMAN, CPA	SHAWN D. DREIMAN,	CP11/10	/22 <sup>if</sup> P00380913
Preparer	Firm's name 🕒 CNA TAX PROFESSI	ONALS, INC.		Firm's EIN 35-2102008
Use Only	Firm's address 10475 CROSSPOINT	' BOULEVARD, SUITE	200	
	INDIANAPOLIS, IN	46256		Phone no. 317 - 841 - 3393
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2021)

	1 990 (2021) RAINBOW VILLAGE II, INC.	43-1447836	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: RAINBOW VILLAGE ENHANCES THE LIVES OF INDIVIDUALS WITH		
	DISABILITIES BY PROVIDING SAFE AND AFFORDABLE HOMES.		
	DIDADIDITIED DI TROVIDIRO DALE AND ATTORDADEL ROMED.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expense	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$161,257 • including grants of \$) (Revenue (Revenu( (Re		<b>501.</b> )
	THE ORGANIZATION PROVIDED HOUSING FOR DEVELOPMENTALLY D	ISABLED ADUL	TS
	IN THE GREATER ST. LOUIS AREA.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	)
10			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	١	
40	Total program service expenses  161,257.		
40			00 (000 ()

Form	990	(2021)

 Form 990 (2021)
 RAINBOW VILLAGE II, INC.

 Part IV
 Checklist of Required Schedules

I UI				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	1 2	л Х	
2		2	~~~~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		<u></u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		<u></u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		- 22
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	- 10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4-		x
Ŀ	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
с С				
Ū	(gambling) winnings to prize winners?	1c		

Form 990	(2021		I VILI	JAGE	II,	INC.	
Part V	St	atements Regarding O	ther IRS	S Filing	gs and	Tax Comp	liance (continued)

43-1447836	Page <b>5</b>
------------	---------------

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		x
5a	5 1 7 1 7 5 7	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Ga	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

#### in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Another's website **X** Upon request Own website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records JOELLE FOUSE - (314) 567-1522 1240 DAUTEL LANE, ST. LOUIS, 63146 MO

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<b> </b>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<b> </b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v
	on Schedule O how this was done	12c		XX
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

#### VILLAGE II, INC. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

43-1447836	Page <b>6</b>
------------	---------------

Form 990 (202

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1420)	and related
	below	d ual t	itiona		nploy	st co i iyee	5	1000 1120)		organizations
	line)	ndivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) MARK YAEGER	2.00	-	-		<u> </u>	<u> </u>	_			
PRESIDENT				x				0.	0.	0.
(2) JAKE MCDONALD	2.00									
SECRETARY				x				0.	0.	0.
(3) JOAN PERRY	2.00									
TREASURER				x				0.	0.	0.
		-								
		-								
			<u> </u>							
		-								

	990 (2021) RAINBOW V	/ILLAGE	I	Γ,	IN	IC .	•			43-14	447	836	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C			r			
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss per	ition <sup>more</sup> rson i	than c is both pr/trust	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	o r	eceived more than \$100	),000 of reportab	le			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	-			•	•	-	Ŭ	ghest compensated emp			3		х
4	For any individual listed on line 1a, is the su	m of reportabl	le co	omp	ensa	ation	n and	ot	her compensation from	the organization		-		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										r	4		X
	rendered to the organization? If "Yes," com					-			-			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated inc	dene	ende	ent c	ontr	acto	rs t	that received more than	\$100 000 of corr	nens	ation f	rom	
	the organization. Report compensation for t								n the organization's tax					
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C omper		n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to	tho: (		tec	d above) who received n	nore than				

Forn	n 990	0 (2	2021) RAINBOW VILLAG	GE II, I	NC.		43-1447	836 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response o	r note to any lir		(D)	(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns 1a					
Gran			Membership dues 1b					
ts, 0		с	Fundraising events 1c					
Gif		d	Related organizations 11					
ns,			Government grants (contributions) 1e	81,025.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	3,544.				
the control of the co		-	Noncash contributions included in lines 1a-1f					
<u>a Ö</u>		h	Total. Add lines 1a-1f	🕨	84,569.			
				Business Code				
rice	2		TENANT RENT & CHARGES	531110	57,501.	57,501.		
ue v		b						
с с К		с						
Program Service Revenue		d						
Pro		e f	All other program service revenue					
		' a	Total. Add lines 2a-2f	<b></b>	57,501.			
	3	9	Investment income (including dividends, interes		. ,			
			other similar amounts)		83.			83.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		<b>L</b>	assets other than inventory <b>7a</b>					
ē		D	and sales expenses					
evenue		c	Gain or (loss)					
Rev			Net gain or (loss)					
Other Re	8		Gross income from fundraising events (not	F				
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b	<b></b>				
			Net income or (loss) from gaming activities	🕨				
	10	d	Gross sales of inventory, less returns and allowances <b>10a</b>					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		-		Business Code				
e out	11	а	t i i i i i i i i i i i i i i i i i i i					
ane		b						
Miscellaneous Revenue		с						
Σis E		d	All other revenue					
			Total. Add lines 11a-11d	🕨				
	12		Total revenue. See instructions		142.153.	57,501.	ı ().	83.

43 - 1447836

Page **9** 

RAINBOW VILLAGE II, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	54,321.	31,760.	22,561.	
	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	5,270.	5,270.		
	Payroll taxes	3,595.	3,595.		
	Fees for services (nonemployees):				
	Management	6,966.		6,966.	
	Legal				
	Accounting	4,400.		4,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	9,028.		9,028.	
	Information technology				
15	Royalties				
16	Occupancy	48,631.	45,571.	3,060.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10 (10	10.010		
	Interest	18,612.	18,612.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	33,659.	33,659.		
		22,790.	22,790.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · ·				
b					
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	207,272.	161,257.	46,015.	0
	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

RAINBOW	VILLAGE	II,	INC.
---------	---------	-----	------

43-1447836 Page 11

		Check if Schedule O contains a response or no	te to any	line in this Part X			
			-		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,024.	1	42,475.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			34.	4	10.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se persoi	ns		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,327,639.			
	b	Less: accumulated depreciation	10b	761,800.	566,406.	10c	565,839.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			2,437.	14	2,141.
	15	Other assets. See Part IV, line 11		86,000.	15	91,592.	
	16	Total assets. Add lines 1 through 15 (must equ			658,901.	16	702,057.
	17	Accounts payable and accrued expenses		245,990.	17	301,725.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
abi		controlled entity or family member of any of the	se persoi	ns		22	
	23	Secured mortgages and notes payable to unrel	ated third	d parties	289,270.	23	341,759.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			8,076.	25	8,128.
_	26	Total liabilities. Add lines 17 through 25			543,336.	26	651,612.
		Organizations that follow FASB ASC 958, ch	eck here				
ces		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions			115,565.	27	50,445.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9					
ц Ц		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated ir				31	
Nei	32	Total net assets or fund balances		[	115,565.	32	50,445.
	33	Total liabilities and net assets/fund balances			658,901.	33	702,057.
							Eorm <b>990</b> (2021)

Form **990** (2021)

### Part X | Balance Sheet

Form	aan	(2021
FOUL	990	(2021

132012	12-09-21		

5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	0,4	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

1

2

3

4

142,153.

207,272.

-65,119.

115,565.

RAINBOW	VILLAGE	II,	INC.
---------	---------	-----	------

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Form	990	(2021)

2

3

Part XI Reconciliation of Net Assets

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ

to www.irs.gov/Form990 fo	r instructions and th	e latest information.

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

► Go

			RAIN	BOW VILLAG	E II, INC.				4	3-1447836	
Pa	rt I		Reason for Public (	Charity Status.	All organizations must c	omplete tł	nis part.) S	ee instructior	าร.		
The	orga	niz	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		],	A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).			
2		],	A school described in <b>secti</b>	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	า 990).)					
3		] ,	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).			
4		],	A medical research organiz	ation operated in cor	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
			city, and state:								
5		],	An organization operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (	unit descrik	bed in	
			section 170(b)(1)(A)(iv). (C	complete Part II.)							
6		],	A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7		],	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
			section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		],	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Parl	t II.)					
9		],	An agricultural research org	anization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college	
		,	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or	
			university:								
10	Х	Ι,	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from	I
		i	activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment	t
		i	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		. :	See section 509(a)(2). (Cor	mplete Part III.)							
11		ļ.	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		Ι.	An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or	
			more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on	
	_	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а			Type I. A supporting orga	-	-	•					
			the supported organization		• • • •	a majority (	of the dire	ctors or truste	ees of the s	supporting	
		_	organization. You must c	-							
b			Type II. A supporting org	-				-		-	
			control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
	Г		organization(s). You mus								
С			Type III functionally inte						illy integrate	ed with,	
			its supported organization		· ·			-			
d			Type III non-functionally						-		
			that is not functionally int requirement (see instruct	•	<b>e</b> ,	•		•	d an attent	iveness	
~	Г		Check this box if the orga	,	• •						
е			functionally integrated, or					а туре ї, туре	п, туре п		
f	En	ter	the number of supported of		nany integrated support	ing organiz	Lation.				
a			de the following information	-	d organization(s)						
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other	
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions	3)
											_
											_
Tota	al							1		1	

	·		
Schedule A	(⊢orm	990)	202

(Form 990) 2021 RAINBOW VILLAGE II, INC. 43-1447836 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	faile to qualify under the teste listed below, places complete Dart III.)

fails to qualify under the tests listed below, please complete Part II
--

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ſ					
	or expended on its behalf	ſ					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ſ					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	ſ					
	dividends, payments received on	ſ					
	securities loans, rents, royalties,	ſ					
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the	ſ					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ		-				
14	Public support percentage for 2021 (					14	%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies as a publicly supported organization						
b	<b>33 1/3% support test - 2020.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circl						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX a		

Schedule A (Form 990) 2021

#### RAINBOW VILLAGE II, INC.

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	qualify under the tests listed b	elow, please comp	plete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	89,411.	92,986.	83,001.	83,750.	84,569.	433,717.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	70,628.	70,056.	73,626.	71,738.	57.501.	343,549.
2	Gross receipts from activities that	/ 0 / 0 2 0 0	, , , , , , , , , , , , , , , , , , , ,		,	0,,0010	010,0100
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F	or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	160,039.	163,042.	156,627.	155,488.	142,070.	777,266.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
~	Add lines 7a and 7b						0.
							777,266.
	Public support. (Subtract line 7c from line 6.)						111,200.
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) Tatal
	ndar year (or fiscal year beginning in)	(a)2017 160,039.	(b) 2018 163,042.	(c) 2019 156,627.	(d) 2020 155,488.	(e) 2021 142,070.	(f) Total 777,266.
	Amounts from line 6 Gross income from interest,	100,059.	105,042.	130,027.	133,400.	142,070.	111,200.
iua	dividends, payments received on securities loans, rents, royalties, and income from similar sources	106.	212.	226.	90.	83.	717.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	106.	212.	226.	90.	83.	717.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	160,145.	163,254.	156,853.	155,578.	142,153.	777,983.
	<b>First 5 years.</b> If the Form 990 is for th	•	•		-	-	-
	check this box and stop here ction C. Computation of Publ						•,
	Public support percentage for 2021 (I			colump (fl)		15	99.91 %
	Public support percentage for 2021 ( Public support percentage from 2020		•			15	99.90 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				0.0
17	Investment income percentage for 20					17	.09 %
18	Investment income percentage from 2					18	.10 %
19a	33 1/3% support tests - 2021. If the	-					
h	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the						
U.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio			-		-	
20	i mate roundation. It the organizatio	an and not offect a	557 011 1110 14, 19				(Eorm 990) 2021

RAINBOW VILLAGE II, INC.

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Sche	edule A (Form 990) 2021	RAINBOW VILLAGE II, INC.	43-144783	6 Pa	age <b>5</b>
Ра	rt IV Supporting Orga	nizations <sub>(continued)</sub>			
				Yes	No
11	Has the organization accepte	ed a gift or contribution from any of the following persons?			
а	A person who directly or indi	rectly controls, either alone or together with persons described on lines 11	b and		
	11c below, the governing bo	dy of a supported organization?	11a		
b	A family member of a person	described on line 11a above?	11b		
с	A 35% controlled entity of a	person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11	c, provide		
	detail in Part VI.		11c		
800	tion B. Type I Supporti	ng Organizations			

#### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
~		

RAINBOW VILLAGE II, INC.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

			Yes	ĺ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ſ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			I
	the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Yes

2

No

No

Schedule A	(Form 99	90) 2021

1

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

RAINBOW VILLAGE II, INC.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	_
/··· - · · · ·	
(A) Prior Year	(B) Current Year (optional)
	Current Year
-	ated Type III supporting orc

instructions).

Schedule A (Form 990) 2021

SC	hed	lule	A (	(Fo	rm	990	) 2021	

Dart V	Type III	Non-Eunci	tionally Integr	atod 500(a)(3		orting O	ragnizations	
Schedule A	(Form 990)	) 2021	RAINBOW	VILLAGE	II,	INC.		

Par	<b>i v</b> Type in Non-Functionally integrated 509	(a)(s) supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-					

Schedule A (Form 990) 2021

Schedule A	. (Form 990) 2021		VILLAGE			43-1447836	Page <b>8</b>
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9 nt IV, Section E,	9c, 11a, lines 1c,	11b, and 11c; Part I 2a, 2b, 3a, and 3b;	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Sectior Part V, line 1; Part V, Section B, line 1e; Pa part for any additional information.	n C, ırt V,

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

INC.

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Name of the organization	

Organization type (check one):

RAINBOW VILLAGE II,

43-1447836	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

43-1447836

#### RAINBOW VILLAGE II, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	U. S. DEPT. OF HUD 451 7TH STREET. S.W. WASHINGTON, DC 20410	\$83,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123453 11-11-21

Schedule B (Form 990) (2021)	

Name of organization

#### RAINBOW VILLAGE II, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

43-1447836

Employer identification number

Schedule	B (Form 990) (2021)		Page 4
Name of c	organization		Employer identification number
RAINB	OW VILLAGE II, INC.		43-1447836
Part III	Exclusively religious, charitable, etc., contributor, from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry, charitable, etc., contributions of <b>\$1,000 or les</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additiona	I space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			— [
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

RAINBOW VILLAGE II, INC.

Employer identification number 43-1447836

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or A	ccounts.Complete if the
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised fun	ds
•	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
Ŭ	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			·
Pa	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) 🗌 Preservation	of a histo	rically important land area
	Protection of natural habitat	Preservation	of a certit	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic strue	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic strue	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	the organ	ization during the tax
	year ►			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	onservatio	on easements during the year
_	•			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation ea	sements during the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial state	ements th	at describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Trassuras or	Othor 9	Similar Accots
Fai	Complete if the organization answered "Yes" on Form 9		Ouler v	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958		t and hal	ance sheet works
Ĩ	of art, historical treasures, or other similar assets held for publi			
	service, provide in Part XIII the text of the footnote to its finance			
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items:		in the failed	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$ 
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ		
~	the following amounts required to be reported under FASB AS		siai yain,	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	$\pi$ oboto moluuou in romit 330, rait $\pi$			ΨΨ

		VILLAGE I			00011700	or Otho				5 Page <b>2</b>
	t III Organizations Maintaining (								LS(CONTIN	uea)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following the	at make si	ignificant l	use of its		
-	collection items (check all that apply):		. —.							
a		c			hange progr					
b	Scholarly research	e		Jtner						
c	Preservation for future generations								N/III	
4	Provide a description of the organization's c							se in Par	( XIII.	
5	During the year, did the organization solicit of								<b>N</b>	
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes	└── No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990,	, Part IV,	line 9, or	
10			diam ( for a	ontribution	o or other or	acto not	included			
Ia	Is the organization an agent, trustee, custod								Vee	No
<b>b</b>	on Form 990, Part X?							······ ∟	Yes	
a	If "Yes," explain the arrangement in Part XIII	and complete the to	bilowing ta	adie:					Amount	
									Amount	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance Did the organization include an amount on F								Yes	No
	•							·····		
Pa	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete						<u></u> 0			
		(a) Current year	1	ior year	(c) Two yea			ars back	(e) Four	vears back
10	Beginning of year balance	(u) ourrone your	(10)11	ior your	(0)	(	<b></b> ,		(0) : 0	jouro suori
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
e	-									
f	and programsAdministrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the cu				)) hold as:					
	Board designated or guasi-endowment	Tent year end baland	%	y, column (a	ij) neiu as.					
	Permanent endowment	%								
	· ·	%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse	•	ation that	t are held a	nd administe	ered for th	e organiza	ation		
ou	by:						ie organize		Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the								0.0	
Pa	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		0, Part IV	, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulated	a l	(d) Book	value
		basis (investr		basis			reciation		.,	
<b>1</b> a	Land			10	5,170.				105	5,170.
	Buildings				7,541.	6	07,92	27.		<del>,</del> 614.
	Leasehold improvements				6,191.		75,13			L,055.
	Equipment						-			
	Other			7	8,737.		78,73	37.		0.
	Add lines 1a through 1e. (Column (d) must e		X, colum		-		-		565	5,839.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(i) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
	TRUST		4,582
(1) RESERVE FOR REPLACEMENTS	11(001		79,071
			7,939
(-)			1,555
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		91,592
Part X Other Liabilities.			
		11. av 116 Cas Farms 000 Davit V line 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
(-) December 10-1000	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
(-) December 10-1000	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25.	
(a) Description of liability       (1) Federal income taxes       (2) DEPOSITS HELD IN TRUST		The or Th. See Form 990, Part X, line 25.	3,689
1.       (a) Description of liability         (1) Federal income taxes       (2) DEPOSITS HELD IN TRUST         (3) MISCELLANEOUS CURRENT LIAD		The or Th. See Form 990, Part X, line 25.	3,689
I.       (a) Description of liability         (1) Federal income taxes       (2) DEPOSITS HELD IN TRUST         (3) MISCELLANEOUS CURRENT LIAD         (4)		The or Th. See Form 990, Part X, line 25.	3,689
I.       (a) Description of liability         (1) Federal income taxes       (2) DEPOSITS HELD IN TRUST         (3) MISCELLANEOUS CURRENT LIAD         (4)         (5)		The or Thi. See Form 990, Part X, line 25.	3,689
1.       (a) Description of liability         (1) Federal income taxes         (2) DEPOSITS HELD IN TRUST         (3) MISCELLANEOUS CURRENT LIAD         (4)         (5)         (6)		The or Th. See Form 990, Part X, line 25.	3,689
1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS HELD IN TRUST         (3)       MISCELLANEOUS CURRENT LIAD         (4)       (5)         (6)       (7)		The or Thi. See Form 990, Part X, line 25.	3,689
1.       (a) Description of liability         (1)       Federal income taxes         (2)       DEPOSITS HELD IN TRUST         (3)       MISCELLANEOUS CURRENT LIAD         (4)       (5)         (6)       (7)         (8)       (8)		The or Thi. See Form 990, Part X, line 25.	3,689
1.       (a) Description of liability         (1) Federal income taxes       (2) DEPOSITS HELD IN TRUST         (3) MISCELLANEOUS CURRENT LIAD         (4)         (5)         (6)         (7)	BILITIES	The or Thi. See Form 990, Part X, line 25.	(b) Book value 3,689 4,439 8,128

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 RAINBOW VILLAGE II, INC	•	43-14	147836 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	142,153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	142,153.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		142,153.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	207,272.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	207,272.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		207,272.
Pa	rt XIII Supplemental Information.			
_				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UPON ADOPTION OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ENTITY
RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX
POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION
BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF
TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON
EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST,
NO TAX BENEFIT WILL BE RECORDED.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information t Complete to provide information for resport Form 990 or 990-EZ or to provide an ► Attach to Form 990 or ► Go to www.irs.gov/Form990 for	onses to specific questions on y additional information. Form 990-EZ.	-EZ
Name of the organization	RAINBOW VILLAGE II, INC.		Employer identification number 43-1447836
FORM 990, PAR	T VI, SECTION B, LINE 11B:		
LINE 11B EXPL	ANATION - THE EXECUTIVE AND	FISCAL DIRECTORS	THOROUGHLY
REVIEW, COMME	NT AND APPROVE THE FORM 990	PRIOR TO ITS TIM	ELY FILING WITH
THE INTERNAL	REVENUE SERVICE.		
FORM 990, PAR	T VI, SECTION C, LINE 19:		
UPON REQUEST.			

SCH	EDULE R

#### (Form 990)

#### . ,

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

43-1447836

Department of the Treasury Internal Revenue Service Name of the organization

RAINBOW VILLAGE II, INC.

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
RAINBOW FOUNDATION FUND, INC 43-1740532							
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	170(B)(1)(A)	HOMES		X
RAINBOW VILLAGE III, INC 06-1671138							
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)	HOMES		X
RAINBOW VILLAGE, INC 43-6071313							
1240 DAUTEL LANE	-				PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)	HOMES		X
PROMISE COMMUNITY HOMES - 68-0574765							
1240 DAUTEL LANE	7						
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	502(A)(2)			x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or	<b>(d)</b> Direct controlling entity	Predomir (related	Predominant income Share of total Share of total (related, unrelated, income end-		Sha end-c	(g) (h) Disproportiona of-year ssets		sproportionate Code V-UB		-IIRI General		(k) Percenta ownersh	
		foreign country)		sections	512-514)			as	sels	Yes	No	K-1 (Form 10	065)	Yes No	
	_														
	-														
				_											
	_														
	-														
				_											
	_														
				_											
	-														
IV Identification of Related C	Organizations Taxable :	as a Corpo	oration or Trust. C	omplete if t	ha oraanizat										
organizations treated as a c	corporation or trust duri	ng the tax y	year.	ompiete ii t	ne organizat	ion ansv	wered "Yes	s" on For	m 990, P	art IV,	line 34	4, because it ł	had o	ne or m	ore relate
organizations treated as a c	corporation or trust durin	ng the tax y	year. (b)	(c)	(d)		(e)		(f)	)		(g)		(h)	
organizations treated as a c (a) Name, address, and	corporation or trust durin			(C) Legal domicile (state or	(d) Direct cont	trolling	(e) Type of	entity		) of total		<b>(g)</b> Share of	Perc		(i) Section 512(b)(13 controlle
organizations treated as a c	corporation or trust durin		(b)	(c) Legal domicile	(d)	trolling	(e)	entity S corp,	(f) Share c	) of total		(g)	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	corporation or trust durin		(b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, S	entity S corp,	(f) Share c	) of total		<b>(g)</b> Share of end-of-year	Perc	(h) entage	(i) Section 512(b)(13 controlle entity?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
q	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	-		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) PROMISE COMMUNITY HOMES	Р	118,000.	FMV
(2)			
(3)			
(4)			
(5)			
_(6)			

#### Schedule R (Form 990) 2021 RAINBOW VILLAGE II, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	<b>e)</b> all	(f)	(g)		h)	(i)	(j)	(k)				
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	rs sec. c)(3) s.?	Share of total	Share of end-of-year	Dispr tioi alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	ownership				
		country)	sections 512-514)	Yes	No	income	assets		No	(Form 1065)	Yes NO					
				$\left  \right $												
				$\square$	$\square$											
					1											
												ļ				
									1							

rt )	VII	Supplemental Information
------	-----	--------------------------

Provide additional information for responses to questions on Schedule R. See instructions.